Fill in this information to identify your case and this filing:

Debtor 1	**Jonathan**	**Lee**	**Salazar**
	First Name	Middle Name	Last Name
Debtor 2	**Stephanie**	**Christine**	**Salazar**
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **Northern**   District of **Texas**

Case number **25-40772-ELM-13**

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:   Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

   ☐ No. Go to Part 2.
   ☑ Yes. Where is the property?

   1.1 **Single Family Residence Homestead**

   Street address, if available, or other description

   600 County Rd 404

   Alvarado, TX 76009
   City   State   ZIP Code

   Johnson
   County

   What is the property? Check all that apply.
   ☐ Single-family home
   ☐ Duplex or multi-unit building
   ☐ Condominium or cooperative
   ☐ Manufactured or mobile home
   ☐ Land
   ☐ Investment property
   ☐ Timeshare
   ☐ Other _____

   Who has an interest in the property? Check one.
   ☐ Debtor 1 only
   ☐ Debtor 2 only
   ☑ Debtor 1 and Debtor 2 only
   ☐ At least one of the debtors and another

   Other information you wish to add about this item, such as local property identification number: **R000071286**

   Source of Value: **Johnson CAD**

   Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

   Current value of the entire property?
   $169,202.00

   Current value of the portion you own?
   $169,202.00

   Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

   Fee Simple

   ☑ **Check if this is community property**
   (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here** .... →

   $169,202.00

Part 2:   Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

   ☐ No
   ☑ Yes

Debtor __Salazar, Jonathan Lee; Salazar, Stephanie Christine__   Case number *(if known)* __25-40772-ELM-13__

3.1

Make: __Ford__

Model: __Mustang__

Year: __1999__

Approximate mileage: __200000__

Other information:

> **Debtor holds bare legal title only. Debtor's son holds equitable title by having possession and making the payments. FMV is believed to be $3000. Only Debtor's interest is shown.**

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☑ At least one of the debtors and another

☑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$3,000.00	$0.00

If you own or have more than one, describe here:

3.2

Make: __Ford__

Model: __F-250__

Year: __1999__

Approximate mileage: __300000__

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$1,500.00	$1,500.00

3.3

Make: __Ford__

Model: __F-350 Super Duty__

Year: __2015__

Approximate mileage: __300000__

Other information:

VIN: 1FT8W3DT3FEB51417

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$17,000.00	$17,000.00

3.4

Make: __Ford__

Model: __F550__

Year: __2007__

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$10,000.00	$10,000.00

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

3.5   Make: **Ford**

Model: **F350**

Year: **2001**

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.
- [ ] Debtor 1 only
- [ ] Debtor 2 only
- [x] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [x] **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$1,000.00	$1,000.00

3.6   Make: **Ford**

Model: **F150**

Year: **2004**

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.
- [ ] Debtor 1 only
- [ ] Debtor 2 only
- [x] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [x] **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$2,000.00	$2,000.00

3.7   Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

2019 Caterpillar 416F2 Backhoe

Who has an interest in the property? Check one.
- [ ] Debtor 1 only
- [ ] Debtor 2 only
- [x] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [x] **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$81,320.00	$81,320.00

3.8   Make: **Ford**

Model: **F350**

Year: **2011**

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.
- [ ] Debtor 1 only
- [ ] Debtor 2 only
- [x] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [x] **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$21,522.00	$21,522.00

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4.   **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- [x] No
- [ ] Yes

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

4.1   Make: _____   **Who has an interest in the property?** Check one.

Model: _____
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Year: _____

Other information:

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?   **Current value of the portion you own?**

5.   **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .... →   **$134,342.00**

Part 3:   Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.

6.   **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☑ Yes. Describe. ....   **See Attached.** $5,658.00

7.   **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☑ Yes. Describe. ....   **Misc. Electronics**

Televisions $1,400.00

8.   **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☑ Yes. Describe. ....   **Collectibles of value** $500.00

9.   **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☑ No

☐ Yes. Describe. ....

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

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10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☑ Yes. Describe. ....

2 - Firearms
2 - Firearms

$1,400.00

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☑ Yes. Describe. ....

Clothes, Shoes, Accessories

$700.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☑ Yes. Describe. ....

Jewelry

$700.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☑ Yes. Describe. ....

2 Dogs

$20.00

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☑ No

☐ Yes. Give specific
information. ....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** .... ➔

$10,378.00

Part 4:	Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?	**Current value of the portion you own?** Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☑ Yes ....   Cash: ....

$50.00

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

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17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☑ Yes ....   Institution name:

17.1. Checking account: _____   **$20.00**

17.2. Checking account: _____   **$200.00**

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☑ No

☐ Yes ....   Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☑ Yes. Give specific information about them...................

Name of entity: % of ownership:

Texas Septic Systems/TX Septic LLC (no separate assets or debts)   **100.00%**   **$0.00**

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☑ No

☐ Yes. Give specific information about them...................

Issuer name:

Debtor __Salazar, Jonathan Lee; Salazar, Stephanie Christine__   Case number *(if known)* __25-40772-ELM-13__

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21. **Retirement or pension accounts**

    Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

    ☑ No

    ☐ Yes. List each
    account separately.   Type of account: Institution name:

    401(k) or similar plan: _____   _____

    Pension plan: _____   _____

    IRA: _____   _____

    Retirement account: _____   _____

    Keogh: _____   _____

    Additional account: _____   _____

    Additional account: _____   _____

22. **Security deposits and prepayments**

    Your share of all unused deposits you have made so that you may continue service or use from a company

    Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or
    others

    ☑ No

    ☐ Yes ....   Institution name or individual:

    Electric: _____   _____

    Gas: _____   _____

    Heating oil: _____   _____

    Security deposit on rental unit: _____   _____

    Prepaid rent: _____   _____

    Telephone: _____   _____

    Water: _____   _____

    Rented furniture: _____   _____

    Other: _____   _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

    ☑ No

    ☐ Yes ....   Issuer name and description:

    _____   _____

    _____   _____

    _____   _____

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

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24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
    26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

    ☑ No

    ☐ Yes .... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

    ☑ No

    ☐ Yes. Give specific
       information about them. ...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

    Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

    ☑ No

    ☐ Yes. Give specific
       information about them. ...

27. **Licenses, franchises, and other general intangibles**

    Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

    ☑ No

    ☐ Yes. Give specific
       information about them. ...

Money or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

    ☑ No

    ☐ Yes. Give specific information about
       them, including whether you
       already filed the returns and
       the tax years. ....

    Federal:

    State:

    Local:

29. **Family support**

    Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property
    settlement

Official Form 106A/B   **Schedule A/B: Property**   page **8**

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

☑ No

☐ Yes. Give specific information. ....

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☑ No

☐ Yes. Give specific information. ....   _____

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☑ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
_____	_____	_____
_____	_____	_____
_____	_____	_____

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☑ No

☐ Yes. Give specific information. ....   _____

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☑ No

☐ Yes. Describe each claim. ....   _____

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☑ No

☐ Yes. Describe each claim. ....   _____

35. **Any financial assets you did not already list**

☑ No

☐ Yes. Give specific information. ....   _____

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

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36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .... ➜ | **$270.00**

| **Part 5:** | Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. |

37. **Do you own or have any legal or equitable interest in any business-related property?**

☐ No. Go to Part 6.

☑ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☑ No

☐ Yes. Describe. ....

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☑ Yes. Describe. ....   **Desk Furniture**   **$200.00**

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No

☑ Yes. Describe. ....   **See Attached.**   **$7,300.00**

41. **Inventory**

☑ No

☐ Yes. Describe. ....

42. **Interests in partnerships or joint ventures**

☑ No

☐ Yes. Describe ....

Name of entity: % of ownership:

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

43. **Customer lists, mailing lists, or other compilations**

☑ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))**?**

   ☐ No

   ☐ Yes. Describe. ....

44. **Any business-related property you did not already list**

☑ No

☐ Yes. Give specific information ....

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .... ➔   **$7,500.00**

Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
	If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☐ No. Go to Part 7.

☑ Yes. Go to line 47.

Current value of the portion you own? Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

☐ No

☑ Yes ....   **7 Chickens**   **$70.00**

48. **Crops—either growing or harvested**

☑ No

☐ Yes. Give specific information. ....

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

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49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

    ☑ No

    ☐ Yes .... _____

50. **Farm and fishing supplies, chemicals, and feed**

    ☑ No

    ☐ Yes .... _____

51. **Any farm- and commercial fishing-related property you did not already list**

    ☑ No

    ☐ Yes. Give specific
      information. .... _____

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .... ➔ | **$70.00** |

Part 7:   Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

    Examples: Season tickets, country club membership

    ☑ No

    ☐ Yes. Give specific
      information. .... _____

54. **Add the dollar value of all of your entries from Part 7. Write that number here** .... ➔ | **$0.00** |

Part 8:   List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2** .... ➔ | **$169,202.00** |

56. **Part 2: Total vehicles, line 5** $134,342.00

57. **Part 3: Total personal and household items, line 15** $10,378.00

58. **Part 4: Total financial assets, line 36** $270.00

59. **Part 5: Total business-related property, line 45** $7,500.00

60. **Part 6: Total farm- and fishing-related property, line 52** $70.00

61. **Part 7: Total other property not listed, line 54**   + $0.00

62. **Total personal property.** Add lines 56 through 61. .... $152,560.00   Copy personal property total ➔ + $152,560.00

Debtor   **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

| 63. | **Total of all property on Schedule A/B.** Add line 55 + line 62. .... | **$321,762.00** |

Debtor **Salazar, Jonathan Lee; Salazar, Stephanie Christine**   Case number *(if known)* **25-40772-ELM-13**

	Continuation Page	
6.	**Household goods and furnishings**	
	Bedroom Furniture/Decor	**$1,358.00**
	Conns - Household goods and furnishings	**$1,000.00**
	Dining Furniture/Decor	**$700.00**
	Kitchen Items	**$500.00**
	Livingroom Furniture/Decor	**$700.00**
	Misc. Household Goods/Furnishings	**$700.00**
	Personal Tools/Lawn Equipment	**$700.00**
40.	**Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**	
	2 Generators	**$300.00**
	2010 Sure DG2 Trailer	**$2,000.00**
	Misc. Hand Tools	**$5,000.00**

Official Form 106A/B   **Schedule A/B: Property**   page **14**

Fill in this information to identify your case:		

Debtor 1 **Jonathan** **Lee** **Salazar**
_____ First Name _____ Middle Name _____ Last Name

Debtor 2 **Stephanie** **Christine** **Salazar**
(Spouse, if filing) First Name _____ Middle Name _____ Last Name

United States Bankruptcy Court for the: _____**Northern**_____ District of _____**Texas**_____

Case number **25-40772-ELM-13**
(if known)

❏ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt   04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*
   ☑ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
   ❏ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
Brief description: **Single Family Residence Homestead** **600 County Rd 404** **Alvarado, TX 76009** Line from *Schedule A/B:* **1.1**	**$169,202.00**	☑ **$104,171.79** ❏ 100% of fair market value, up to any applicable statutory limit	**Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002**

3. **Are you claiming a homestead exemption of more than $189,050?**
   (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)
   ☑ No
   ❏ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
      ❏ No
      ❏ Yes

Debtor 1	**Jonathan** **Lee** **Salazar**	Case number *(if known)*	**25-40772-ELM-13**
Debtor 2	**Stephanie** **Christine** **Salazar**		
	First Name Middle Name Last Name		

Part 2:   Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
Brief description: **2015 Ford F-350 Super Duty** VIN: **1FT8W3DT3FEB51417** Line from *Schedule A/B:* **3.1**	**$17,000.00**	☑ **$0.00** ❑ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)**
Brief description: **1999 Ford F-250** Line from *Schedule A/B:* **3.1**	**$1,500.00**	☑ **$1,500.00** ❑ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)**
Brief description: **2007 Ford F550** Line from *Schedule A/B:* **3.2**	**$10,000.00**	☑ **$478.90** ❑ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)**
Brief description: **2019 Caterpillar 416F2 Backhoe** Line from *Schedule A/B:* **3.5**	**$81,320.00**	☑ **$0.00** ❑ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)**
Brief description: **Conns - Household goods and furnishings** Line from *Schedule A/B:* **6**	**$1,000.00**	☑ **$0.00** ❑ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Livingroom Furniture/Decor** Line from *Schedule A/B:* **6**	**$700.00**	☑ **$700.00** ❑ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Bedroom Furniture/Decor** Line from *Schedule A/B:* **6**	**$1,358.00**	☑ **$0.00** ❑ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**

Debtor 1	Jonathan	Lee	Salazar		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
Brief description: **Dining Furniture/Decor** Line from *Schedule A/B:* **6**	**$700.00**	☑ **$700.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Misc. Household Goods/Furnishings** Line from *Schedule A/B:* **6**	**$700.00**	☑ **$700.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Kitchen Items** Line from *Schedule A/B:* **6**	**$500.00**	☑ **$500.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Personal Tools/Lawn Equipment** Line from *Schedule A/B:* **6**	**$700.00**	☑ **$700.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Televisions** Line from *Schedule A/B:* **7**	**$700.00**	☑ **$700.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Misc. Electronics** Line from *Schedule A/B:* **7**	**$700.00**	☑ **$700.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **Collectibles of value** Line from *Schedule A/B:* **8**	**$500.00**	☑ **$500.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
Brief description: **2 - Firearms** Line from *Schedule A/B:* **10**	**$700.00**	☑ **$700.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)**
Brief description: **Clothes, Shoes, Accessories** Line from *Schedule A/B:* **11**	**$700.00**	☑ **$700.00** ❏ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)**

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:   Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
Brief description: **Jewelry** Line from *Schedule A/B:* **12**	$700.00	☑ $700.00 ☐ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)**
Brief description: **2 Dogs** Line from *Schedule A/B:* **13**	$20.00	☑ $20.00 ☐ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)**
Brief description: **Desk Furniture** Line from *Schedule A/B:* **39**	$200.00	☑ $200.00 ☐ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)**
Brief description: **2 Generators** Line from *Schedule A/B:* **40.1**	$300.00	☑ $300.00 ☐ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)**
Brief description: **Misc. Hand Tools** Line from *Schedule A/B:* **40.2**	$5,000.00	☑ $5,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)**
Brief description: **2010 Sure DG2 Trailer** Line from *Schedule A/B:* **40.3**	$2,000.00	☑ $2,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	**Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)**

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Salazar, Jonathan Lee**   CASE NO **25-40772-ELM-13**

Salazar, Stephanie Christine   CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)   Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	$169,202.00	$65,030.21	$104,171.79	$104,171.79	$0.00
3.	Motor vehicle	$11,500.00	$9,521.10	$1,978.90	$1,978.90	$0.00
4.	Watercraft, trailers, motors homes, and accessories	$0.00	$0.00	$0.00	$0.00	$0.00
6.	Household goods and furnishings	$5,658.00	$0.00	$5,658.00	$3,300.00	$2,358.00
7.	Electronics	$1,400.00	$0.00	$1,400.00	$1,400.00	$0.00
8.	Collectibles of value	$500.00	$0.00	$500.00	$500.00	$0.00
9.	Equipment for sports and hobbies	$0.00	$0.00	$0.00	$0.00	$0.00
10.	Firearms	$1,400.00	$0.00	$1,400.00	$700.00	$700.00
11.	Clothes	$700.00	$0.00	$700.00	$700.00	$0.00
12.	Jewelry	$700.00	$0.00	$700.00	$700.00	$0.00
13.	Nonfarm animals	$20.00	$0.00	$20.00	$20.00	$0.00
14.	Other	$0.00	$0.00	$0.00	$0.00	$0.00
16.	Cash	$50.00	$0.00	$50.00	$0.00	$50.00
17.	Deposits of money	$220.00	$0.00	$220.00	$0.00	$220.00
18.	Bonds, mutual funds, or publicly traded stocks	$0.00	$0.00	$0.00	$0.00	$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	$0.00	$0.00	$0.00	$0.00	$0.00
20.	Bonds and other financial instruments	$0.00	$0.00	$0.00	$0.00	$0.00
21.	Retirement or pension accounts	$0.00	$0.00	$0.00	$0.00	$0.00
22.	Security deposits and prepayments	$0.00	$0.00	$0.00	$0.00	$0.00
23.	Annuities	$0.00	$0.00	$0.00	$0.00	$0.00
24.	Interest in a qualified education fund, such as an education IRA	$0.00	$0.00	$0.00	$0.00	$0.00
25.	Trusts, equitable or future interests in property	$0.00	$0.00	$0.00	$0.00	$0.00

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Salazar, Jonathan Lee**

Salazar, Stephanie Christine

CASE NO **25-40772-ELM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)   Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
26.	Copyrights, trademarks, websites and other intellectual property	$0.00	$0.00	$0.00	$0.00	$0.00
27.	Licenses, Franchises, and other general intangibles	$0.00	$0.00	$0.00	$0.00	$0.00
28.	Tax refunds	$0.00	$0.00	$0.00	$0.00	$0.00
29.	Family support	$0.00	$0.00	$0.00	$0.00	$0.00
30.	Other amounts owed to the debtor	$0.00	$0.00	$0.00	$0.00	$0.00
31.	Insurance policies	$0.00	$0.00	$0.00	$0.00	$0.00
32.	Interest in property from deceased	$0.00	$0.00	$0.00	$0.00	$0.00
33.	Claims against third parties	$0.00	$0.00	$0.00	$0.00	$0.00
34.	All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs	$0.00	$0.00	$0.00	$0.00	$0.00
35.	Other financial asset	$0.00	$0.00	$0.00	$0.00	$0.00
38.	Accounts receivable	$0.00	$0.00	$0.00	$0.00	$0.00
39.	Office equipment, furnishings, and supplies	$200.00	$0.00	$200.00	$200.00	$0.00
40.	Machinery, fixtures and equipment	$7,300.00	$0.00	$7,300.00	$7,300.00	$0.00
41.	Inventory	$0.00	$0.00	$0.00	$0.00	$0.00
42.	Interests in partnerships or joint ventures	$0.00	$0.00	$0.00	$0.00	$0.00
43.	Customer lists	$0.00	$0.00	$0.00	$0.00	$0.00
44.	Other businessrelated property	$0.00	$0.00	$0.00	$0.00	$0.00
47.	Farm animals	$70.00	$0.00	$70.00	$0.00	$70.00
48.	Crops	$0.00	$0.00	$0.00	$0.00	$0.00
49.	Equipment	$0.00	$0.00	$0.00	$0.00	$0.00
50.	Supplies	$0.00	$0.00	$0.00	$0.00	$0.00

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Salazar, Jonathan Lee**   CASE NO **25-40772-ELM-13**

Salazar, Stephanie Christine   CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)   Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
51.	Other farm or fishing related property	$0.00	$0.00	$0.00	$0.00	$0.00
53.	Other	$0.00	$0.00	$0.00	$0.00	$0.00
	TOTALS:	**$198,920.00**	**$74,551.31**	**$124,368.69**	**$120,970.69**	**$3,398.00**

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Salazar, Jonathan Lee**

         Salazar, Stephanie Christine

CASE NO **25-40772-ELM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #3

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
Real Property			
(None)			
Personal Property			
2001 Ford F350	$1,000.00		$1,000.00
2004 Ford F150	$2,000.00		$2,000.00
2011 Ford F350	$21,522.00		$21,522.00
TOTALS:	**$24,522.00**	**$0.00**	**$24,522.00**

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property				
(None)				
Personal Property				
Conns - Household goods and furnishings	$1,000.00	$0.00	$1,000.00	$1,000.00
7 Chickens	$70.00	$0.00	$70.00	$70.00
Bedroom Furniture/Decor	$1,358.00	$0.00	$1,358.00	$1,358.00
Cash	$50.00	$0.00	$50.00	$50.00
Checking account	$20.00	$0.00	$20.00	$20.00
Checking account	$200.00	$0.00	$200.00	$200.00
2 - Firearms	$700.00	$0.00	$700.00	$700.00
TOTALS:	**$198,920.00**	**$74,551.31**	**$124,368.69**	**$3,398.00**

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Salazar, Jonathan Lee**

           Salazar, Stephanie Christine

CASE NO **25-40772-ELM-13**

CHAPTER **13**

<u>SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)</u>

Continuation Sheet #4

Summary	
A. Gross Property Value (not including surrendered property)	**$198,920.00**
B. Gross Property Value of Surrendered Property	**$24,522.00**
C. Total Gross Property Value (A+B)	**$223,442.00**
D. Gross Amount of Encumbrances (not including surrendered property)	**$74,551.31**
E. Gross Amount of Encumbrances on Surrendered Property	**$0.00**
F. Total Gross Encumbrances (D+E)	**$74,551.31**
G. Total Equity (not including surrendered property) / (A-D)	**$124,368.69**
H. Total Equity in surrendered items (B-E)	**$24,522.00**
I. Total Equity (C-F)	**$148,890.69**
J. Total Exemptions Claimed	**$120,970.69**
K. Total Non-Exempt Property Remaining (G-J)	**$3,398.00**

Fill in this information to identify your case:

Debtor 1	**Jonathan**	**Lee**	**Salazar**
	First Name	Middle Name	Last Name
Debtor 2	**Stephanie**	**Christine**	**Salazar**
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **Northern** District of **Texas**

Case number (if known) **25-40772-ELM-13**

❑ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property   12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. **Do any creditors have claims secured by your property?**
   ❑ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
   ☑ Yes. Fill in all of the information below.

Part 1:	List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A **Amount of claim** Do not deduct the value of collateral.	Column B **Value of collateral that supports this claim**	Column C **Unsecured portion** If any

2.1

CIG Financial
Creditor's Name

Attn: Bankruptcy

PO Box 19795
Number   Street

Irvine, CA 92623
City   State   ZIP Code

Describe the property that secures the claim:

2015 Ford F-350 Super Duty

$28,203.99	$17,000.00	$11,203.99

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Who owes the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another

❑ **Check if this claim relates to a community debt**

Date debt was incurred **10/1/2022**

Nature of lien. Check all that apply.
❑ An agreement you made (such as mortgage or secured car loan)
❑ Statutory lien (such as tax lien, mechanic's lien)
❑ Judgment lien from a lawsuit
❑ Other (including a right to offset) _____

Last 4 digits of account number **1 6 4 1**

Remarks: In Plan

Add the dollar value of your entries in Column A on this page. Write that number here:	**$28,203.99**	

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

		Column A	Column B	Column C
Part 1: Additional Page	**After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.**	**Amount of claim** Do not deduct the value of collateral.	**Value of collateral that supports this claim**	**Unsecured portion** If any

2.2 **Conserv Equipment Leasing LLC**

Creditor's Name

PO Box 3892

Number   Street

_____

Seattle, WA 98124

City   State   ZIP Code

Describe the property that secures the claim:

2019 Caterpillar 416F2 Backhoe

Column A: **$81,320.76** Column B: **$81,320.00** Column C: **$0.76**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Who owes the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another

☑ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

❑ An agreement you made (such as mortgage or secured car loan)
❑ Statutory lien (such as tax lien, mechanic's lien)
❑ Judgment lien from a lawsuit
❑ Other (including a right to offset) _____

Date debt was incurred _____   **Last 4 digits of account number** ___ ___ ___ ___

Remarks: Pay Direct

Add the dollar value of your entries in Column A on this page. Write that number here:	**$81,320.76**
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**	
	First Name	Middle Name	Last Name		

			Column A	Column B	Column C
Part 1:	Additional Page **After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.**		**Amount of claim** Do not deduct the value of collateral.	**Value of collateral that supports this claim**	**Unsecured portion** If any

2.3

First Financial Bank	Describe the property that secures the claim:	**$9,521.10**	**$10,000.00**	**$0.00**

Creditor's Name

Attn: Bankruptcy

2007 Ford F550

400 Pine St, PO Box 701

Number   Street

As of the date you file, the claim is: Check all that apply.

Abilene, TX 79601

City   State   ZIP Code

❏ Contingent
❏ Unliquidated
❏ Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

❏ Debtor 1 only
❏ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❏ At least one of the debtors and another

❏ An agreement you made (such as mortgage or secured car loan)
❏ Statutory lien (such as tax lien, mechanic's lien)
❏ Judgment lien from a lawsuit
❏ Other (including a right to offset) _____

❏ **Check if this claim relates to a community debt**

Date debt was incurred **12/1/2023**   **Last 4 digits of account number** **8 0 0 4**

Remarks: Pay Direct

2.4

Jefferson Capital Systems	Describe the property that secures the claim:	**$21,522.72**	**$21,522.00**	**$0.72**

Creditor's Name

PO Box 772813

Number   Street

2011 Ford F350

As of the date you file, the claim is: Check all that apply.

Chicago, IL 60677

City   State   ZIP Code

❏ Contingent
❏ Unliquidated
❏ Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

❏ Debtor 1 only
❏ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❏ At least one of the debtors and another

❏ An agreement you made (such as mortgage or secured car loan)
❏ Statutory lien (such as tax lien, mechanic's lien)
❏ Judgment lien from a lawsuit
❏ Other (including a right to offset) _____

☑ **Check if this claim relates to a community debt**

Date debt was incurred _____   **Last 4 digits of account number** **6 2 5 0**

Remarks: Pay Direct

Add the dollar value of your entries in Column A on this page. Write that number here:	**$31,043.82**
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

		Column A	Column B	Column C
Part 1:	**Additional Page** **After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.**	**Amount of claim** Do not deduct the value of collateral.	**Value of collateral that supports this claim**	**Unsecured portion** If any

2.5 Johnson County Tax Assessor

Creditor's Name

PO Box 75

Number   Street

Cleburne, TX 76033

City   State   ZIP Code

Who owes the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Date debt was incurred   **1/1/2024**

Remarks: Pay Direct

Describe the property that secures the claim:

Single Family Residence Homestead
600 County Rd 404 Alvarado, TX 76009

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.
- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)   _____

Last 4 digits of account number   **5 2 5 9**

Column A: **$2,512.68**   Column B: **$169,202.00**   Column C: **$0.00**

2.6 Lonestar Title Loans

Creditor's Name

305 Southwest Wilshire

Number   Street

Burleson, TX 76028

City   State   ZIP Code

Who owes the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☑ **Check if this claim relates to a community debt**

Date debt was incurred   _____

Remarks: Surrender

Describe the property that secures the claim:

2001 Ford F350

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.
- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)   _____

Last 4 digits of account number   __ __ __ __

Column A: **$1,000.00**   Column B: **$1,000.00**   Column C: **$0.00**

Add the dollar value of your entries in Column A on this page. Write that number here:	**$3,512.68**
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	

Official Form 106D   Additional Page of **Schedule D: Creditors Who Have Claims Secured by Property**   page **4** of **6**

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name	Case number *(if known)*	**25-40772-ELM-13**

Part 1:	**Additional Page** After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		*Column A* **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any

2.7 | **LTP Finance, LLC**

Creditor's Name

3045 Lackland Road

Number   Street

Fort Worth, TX 76116

City   State   ZIP Code

Describe the property that secures the claim:

Single Family Residence Homestead
600 County Rd 404 Alvarado, TX 76009

	Amount of claim	**Value of collateral**	**Unsecured portion**
2.7	$62,517.53	$169,202.00	$0.00

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Who owes the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ❑ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ❑ An agreement you made (such as mortgage or secured car loan)
- ❑ Statutory lien (such as tax lien, mechanic's lien)
- ❑ Judgment lien from a lawsuit
- ❑ Other (including a right to offset) _____

Date debt was incurred _____   **Last 4 digits of account number** 0 5 8 6

Remarks: Post Petition Mortgage payments

2.7 | **LTP Finance, LLC (post petition arrearage)**

Creditor's Name

3045 Lackland Road

Number   Street

Fort Worth, TX 76116

City   State   ZIP Code

Describe the property that secures the claim:

Single Family Residence Homestead
600 County Rd 404 Alvarado, TX 76009

	Amount of claim	**Value of collateral**	**Unsecured portion**
2.7	$1,775.64	$169,202.00	$0.00

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Who owes the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ❑ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ❑ An agreement you made (such as mortgage or secured car loan)
- ❑ Statutory lien (such as tax lien, mechanic's lien)
- ❑ Judgment lien from a lawsuit
- ❑ Other (including a right to offset) _____

Date debt was incurred _____   **Last 4 digits of account number** 0 5 8 6

Remarks: Post Petition Mortgage payments

Add the dollar value of your entries in Column A on this page. Write that number here:	$62,517.53
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

			Column A	Column B	Column C
Part 1:	**Additional Page** **After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.**		**Amount of claim** Do not deduct the value of collateral.	**Value of collateral that supports this claim**	**Unsecured portion** If any

2.7

LTP Finance, LLC (arrearage)	Describe the property that secures the claim:	$13,940.34	$169,202.00	$0.00

Creditor's Name

3045 Lackland Road

Single Family Residence Homestead
600 County Rd 404 Alvarado, TX 76009

Number   Street

Fort Worth, TX 76116

City   State   ZIP Code

As of the date you file, the claim is: Check all that apply.

❏ Contingent
❏ Unliquidated
❏ Disputed

Who owes the debt? Check one.

❏ Debtor 1 only
❏ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❏ At least one of the debtors and another

❏ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

❏ An agreement you made (such as mortgage or secured car loan)
❏ Statutory lien (such as tax lien, mechanic's lien)
❏ Judgment lien from a lawsuit
❏ Other (including a right to offset) _____

Date debt was incurred _____   **Last 4 digits of account number**   0   5   8   6

Remarks: Post Petition Mortgage payments

2.8

Texas Car Title	Describe the property that secures the claim:	$2,200.00	$2,000.00	$200.00

Creditor's Name

1111 E Henderson St

2004 Ford F150

Number   Street

Cleburne, TX 76031

City   State   ZIP Code

As of the date you file, the claim is: Check all that apply.

❏ Contingent
❏ Unliquidated
❏ Disputed

Who owes the debt? Check one.

❏ Debtor 1 only
❏ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❏ At least one of the debtors and another

☑ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

❏ An agreement you made (such as mortgage or secured car loan)
❏ Statutory lien (such as tax lien, mechanic's lien)
❏ Judgment lien from a lawsuit
❏ Other (including a right to offset) _____

Date debt was incurred _____   **Last 4 digits of account number**   __ __ __ __

Remarks: Surrender

Add the dollar value of your entries in Column A on this page. Write that number here:	$2,200.00
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	$208,798.78

Official Form 106D   Additional Page of **Schedule D: Creditors Who Have Claims Secured by Property**   page **6** of **6**

Fill in this information to identify your case:

Debtor 1	**Jonathan**	**Lee**	**Salazar**
	First Name	Middle Name	Last Name
Debtor 2	**Stephanie**	**Christine**	**Salazar**
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: _____ **Northern** _____ District of _____ **Texas** _____

Case number **25-40772-ELM-13**
(if known)

❑ Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims   12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B:* Property (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1:	List All of Your PRIORITY Unsecured Claims

1.   Do any creditors have priority unsecured claims against you?

❑ No. Go to Part 2.
☑ Yes.

2.   List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1 Leinart Law Firm	Last 4 digits of account number ___ ___ ___ ___		$3,900.00	$3,900.00	$0.00
Priority Creditor's Name					
10670 N Central Expy Ste 320	**When was the debt incurred?** **03/03/2025**				
Number Street					

Dallas, TX 75231-2173
City   State   ZIP Code

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Who incurred the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Type of PRIORITY unsecured claim:
❑ Domestic support obligations
❑ Taxes and certain other debts you owe the government
❑ Claims for death or personal injury while you were intoxicated
☑ Other. Specify   **Attorney Fees**

Is the claim subject to offset?
☑ No
❑ Yes

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
	First Name	Middle Name	Last Name	Case number *(if known)*	**25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:   List All of Your NONPRIORITY Unsecured Claims

---

3.   Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☑ Yes

4.   List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim

4.1 **Acima Credit**

Nonpriority Creditor's Name

9815 South Monroe Street 4th Floor

Number   Street

Sandy, UT 84070-4384

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number   **1   4   6   8** $2,732.00

When was the debt incurred?   **4/1/2019**

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Lease**

4.2 **Acima Credit**

Nonpriority Creditor's Name

9815 South Monroe Street 4th Floor

Number   Street

Sandy, UT 84070-4384

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number   **8   2   4   8** $2,213.00

When was the debt incurred?   **3/1/2019**

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Lease**

Official Form 106E/F   Schedule E/F: Creditors Who Have Unsecured Claims   page __2__ of __34__

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.3

Alvin Wayne Ogleby
Nonpriority Creditor's Name

3508 Raindrop Dr.
Number   Street

Alvarado, TX 76009
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☑ Unliquidated
- ☑ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify _____

$2,500.00

4.4

Calie Auto Group
Nonpriority Creditor's Name

2000 NE 28th Street
Number   Street

Fort Worth, TX 76106
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify _____

$0.00

Official Form 106E/F   Schedule E/F: Creditors Who Have Unsecured Claims   page **3** of **34**

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | **Total claim**

4.5

Capio Partners
Nonpriority Creditor's Name

3400 Texoma Parkway Suite 100
Number   Street

Sherman, TX 75090
City   State   ZIP Code

Who incurred the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify **Medical Bill**

$500.00

4.6

Capital One Auto Finance
Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285
Number   Street

Salt Lake City, UT 84130
City   State   ZIP Code

Who incurred the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify _____

$0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.7 **Capital One Bank**
Nonpriority Creditor's Name

PO Box 5155

Number   Street

Norcross, GA 30091
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Credit Card**

Total claim: $0.00

4.8 **Carla & Alfredo Algeria**
Nonpriority Creditor's Name

c/o Ronald P. Wright

3900 StoneBridge Dr. Ste. 204
Number   Street

Mckinney, TX 75070
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 0 5 0 8

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Business Debt**

Total claim: $8,428.26

Debtor 1	**Jonathan**	**Lee**	**Salazar**	
	First Name	Middle Name	Last Name	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   **Total claim**

4.9   **Celtic Bank/Continental Finance**

Nonpriority Creditor's Name

268 S. State St. 300

Number   Street

Salt Lake City, UT 84111

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Credit Card**

$0.00

4.10   **Chase Auto Finance**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 901076

Number   Street

Fort Worth, TX 76101-2076

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number   0 6 5 8

When was the debt incurred?   **3/1/2012**

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Automobile**

$0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)*	**25-40772-ELM-13**
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.11

Christopher Labra
Nonpriority Creditor's Name

2601 W. Arkansas L.n
Number   Street

Arlington, TX 76016
City   State   ZIP Code

Who incurred the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ❑ Yes

Last 4 digits of account number   __ __ __ __

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:
- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify   **Business Debt**

$20,000.00

4.12

Citibank/Best Buy
Nonpriority Creditor's Name

Citicorp Cr Srvs/Centralized Bankruptcy

PO Box 790040
Number   Street

St Louis, MO 63179-0040
City   State   ZIP Code

Who incurred the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ❑ Yes

Last 4 digits of account number   **9   6   0   5**

When was the debt incurred?   **3/1/2013**

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:
- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify   **ChargeAccount**

$0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)*	**25-40772-ELM-13**
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim

---

4.13

Comenity Bank/Victoria Secret
Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 182125
Number   Street

Columbus, OH 43218
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number   **5 7 5 5**

When was the debt incurred?   **7/1/2016**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **ChargeAccount**

Total claim: $78.00

4.14

Conns
Nonpriority Creditor's Name

c/o Becket and Lee

PO Box 3002
Number   Street

Malvern, PA 19355
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Remarks: In Plan

Last 4 digits of account number   **0 6 7 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
❑ Other. Specify

Total claim: $2,717.67

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.15 **Conn's HomePlus**
Nonpriority Creditor's Name

2445 Technology Forest Boulevard Building 4, Suite 800
Number   Street

The Woodlands, TX 77381
City   State   ZIP Code

Who incurred the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ❑ Yes

Last 4 digits of account number   **0   6   7   0**

When was the debt incurred?   **9/1/2023**

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:
- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ❑ Other. Specify _____

$4,189.17

Remarks: In Plan

4.16 **CPI Collects**
Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018
Number   Street

Missoula, MT 59808
City   State   ZIP Code

Who incurred the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ❑ Yes

Last 4 digits of account number   **8   4   0   1**

When was the debt incurred?   **11/1/2019**

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:
- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

$2,494.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.17

CPI Collects	Last 4 digits of account number	**8 5 9 2**	**$2,492.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?   **3/1/2019**

PO Box 17018

Number   Street

As of the date you file, the claim is: Check all that apply.

Missoula, MT 59808

❑ Contingent
❑ Unliquidated

City   State   ZIP Code

❑ Disputed

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

Is the claim subject to offset?

☑ No
❑ Yes

4.18

CPI Collects	Last 4 digits of account number	**5 3 5 6**	**$2,467.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?   **1/1/2020**

PO Box 17018

Number   Street

As of the date you file, the claim is: Check all that apply.

Missoula, MT 59808

❑ Contingent
❑ Unliquidated

City   State   ZIP Code

❑ Disputed

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

Is the claim subject to offset?

☑ No
❑ Yes

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims** — **Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.19

CPI Collects

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018

Number   Street

Missoula, MT 59808

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **5 9 5 3**

When was the debt incurred?   **4/1/2020**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

$2,409.00

4.20

CPI Collects

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018

Number   Street

Missoula, MT 59808

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **0 5 3 0**

When was the debt incurred?   **6/1/2020**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

$2,362.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.21 **CPI Collects**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018

Number   Street

Missoula, MT 59808

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **4   7   2   1**

When was the debt incurred?   **9/1/2021**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

$2,156.00

4.22 **CPI Collects**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018

Number   Street

Missoula, MT 59808

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **8   4   3   0**

When was the debt incurred?   **1/1/2021**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

$2,072.00

Debtor 1	Jonathan	Lee	Salazar		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)*	**25-40772-ELM-13**
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.23 **CPI Collects**
Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018
Number   Street

Missoula, MT 59808
City   State   ZIP Code

Who incurred the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number   8   2   7   3

When was the debt incurred?   2/1/2022

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

$1,890.00

4.24 **CPI Collects**
Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018
Number   Street

Missoula, MT 59808
City   State   ZIP Code

Who incurred the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number   0   2   0   3

When was the debt incurred?   10/1/2018

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

$1,776.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**	
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Case number *(if known)* **25-40772-ELM-13**

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.25 CPI Collects
Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018
Number   Street

Missoula, MT 59808
City   State   ZIP Code

Who incurred the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ❑ Yes

Last 4 digits of account number   6   5   6   2 $1,466.00

When was the debt incurred?   8/1/2020

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:
- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

4.26 CPI Collects
Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 17018
Number   Street

Missoula, MT 59808
City   State   ZIP Code

Who incurred the debt? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another
- ❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ❑ Yes

Last 4 digits of account number   2   6   9   2 $1,383.00

When was the debt incurred?   2/1/2021

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:
- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Original Creditor: HUGULEY EMERGENCY PHYSICIANS**

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.27

Credit Collection Services
Nonpriority Creditor's Name

Attn: Bankruptcy

725 Canton St
Number   Street

Norwood, MA 02062
City   State   ZIP Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number   **0   0   4   9**

When was the debt incurred?   **8/1/2020**

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: INFINITY COUNTY MUTUAL IN. CO**

$55.00

4.28

Credit One Bank
Nonpriority Creditor's Name

ATTN: Bankruptcy Department

PO Box 98873
Number   Street

Las Vegas, NV 89193
City   State   ZIP Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number   __ __ __ __

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Credit Card**

$0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)*	**25-40772-ELM-13**
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.29 **Dish Network**

Nonpriority Creditor's Name

PO Box 660589

Number   Street

Dallas, TX 75265-0589

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify **Utilities**

Total claim: $0.00

4.30 **EECU**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 1777

Number   Street

Fort Worth, TX 76101

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number **0 1 0 1**

When was the debt incurred? **10/1/2016**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify **DepositRelated**

Total claim: $0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.31 **First Financial Bank**

Nonpriority Creditor's Name

Attn: Bankruptcy

400 Pine St, PO Box 701

Number   Street

Abilene, TX 79601

City   State   ZIP Code

Who incurred the debt? Check one.

❏ Debtor 1 only
❏ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❏ At least one of the debtors and another
❏ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❏ Yes

Last 4 digits of account number   **9 5 0 5**

When was the debt incurred?   **6/1/2014**

As of the date you file, the claim is: Check all that apply.

❏ Contingent
❏ Unliquidated
❏ Disputed

Type of NONPRIORITY unsecured claim:

❏ Student loans
❏ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❏ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **DepositRelated**

$0.00

4.32 **Fst Premier**

Nonpriority Creditor's Name

3820 N Louise Ave

Number   Street

Sioux Falls, SD 57107

City   State   ZIP Code

Who incurred the debt? Check one.

❏ Debtor 1 only
❏ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❏ At least one of the debtors and another
❏ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❏ Yes

Last 4 digits of account number   **6 6 0 2**

When was the debt incurred?   **8/1/2018**

As of the date you file, the claim is: Check all that apply.

❏ Contingent
❏ Unliquidated
❏ Disputed

Type of NONPRIORITY unsecured claim:

❏ Student loans
❏ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❏ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **CreditCard**

$1,220.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.33 **Fst Premier**

Nonpriority Creditor's Name

3820 N Louise Ave

Number   Street

Sioux Falls, SD 57107

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **9   2   4   9**

When was the debt incurred?   **6/1/2012**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **CreditCard**

$675.00

4.34 **Fst Premier**

Nonpriority Creditor's Name

3820 N Louise Ave

Number   Street

Sioux Falls, SD 57107

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **9   9   8   1**

When was the debt incurred?   **11/1/2010**

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **CreditCard**

$0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.35

Huguley Emergency Physicians
Nonpriority Creditor's Name

P.O. Box 687
Number   Street

Keene, TX 76059
City   State   ZIP Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Medical Bill**

$0.00

4.36

Indigo/Genesis FS Card Services
Nonpriority Creditor's Name

PO BOx 4477
Number   Street

Beaverton, OR 97076-4477
City   State   ZIP Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Credit Card**

$450.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims** — **Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.37 **Infinity County Mutual**
Nonpriority Creditor's Name

100 Quannapowitt Pkwy Ste. 210
Number   Street

Wakefield, MA 01880
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Services**

$0.00

4.38 **James Vaughn**
Nonpriority Creditor's Name

PO Box 1908
Number   Street

Mansfield, TX 76063
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☑ Unliquidated
- ☑ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Business Debt**

$7,300.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.39 | **Jefferson Capital Systems, LLC**
Nonpriority Creditor's Name

Attn: Bankruptcy

200 14th Ave E
Number   Street

Sartell, MN 56377
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **5   0   0   3**   **$21,522.00**

When was the debt incurred?   **6/1/2023**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: WESTLAKE SERVICES**

4.40 | **Kapitus**
Nonpriority Creditor's Name

120 W. 45th St. 4th Floor
Number   Street

New York, NY 10036
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Remarks: Pay Direct

Last 4 digits of account number   **2   3   8   9**   **$32,504.69**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
❑ Other. Specify

Debtor 1	Jonathan	Lee	Salazar	Case number *(if known)* 25-40772-ELM-13
Debtor 2	Stephanie	Christine	Salazar	
	First Name	Middle Name	Last Name	

Part 2:	Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.41 Lvnv Funding/Resurgent Capital

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 10497

Number   Street

Greenville, SC 29603

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   2 3 9 2

When was the debt incurred?   6/1/2022

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: CREDIT ONE BANK N.A.**

$1,109.00

4.42 Lvnv Funding/Resurgent Capital

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 10497

Number   Street

Greenville, SC 29603

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   8 2 9 5

When was the debt incurred?   7/1/2022

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: CREDIT ONE BANK N.A.**

$843.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)*	**25-40772-ELM-13**
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.43 **Lvnv Funding/Resurgent Capital**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 10497

Number   Street

Greenville, SC 29603

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number   **5   3   3   9**

When was the debt incurred?   **4/24/2020**

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: CAPITAL ONE BANK USA N.A.**

Total claim: **$480.00**

4.44 **Mechanics Bank Auto Finance**

Nonpriority Creditor's Name

Attn: Legal Dept

PO Box 98541

Number   Street

Las Vegas, NV 89193

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number   **1   0   0   1**

When was the debt incurred?   **6/1/2014**

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Automobile**

Total claim: **$0.00**

Debtor 1	Jonathan	Lee	Salazar	
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
	First Name	Middle Name	Last Name	

Part 2:	Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.45

Midland Credit Mgmt		Last 4 digits of account number **8 7 1 8**	$646.00

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred? **10/1/2021**

PO Box 939069

Number   Street

As of the date you file, the claim is: Check all that apply.

San Diego, CA 92193

❑ Contingent
❑ Unliquidated
❑ Disputed

City   State   ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: CAPITAL ONE BANK USA N.A.**

Is the claim subject to offset?

☑ No
❑ Yes

4.46

Midwest Recovery Systems		Last 4 digits of account number **2 8 4 0**	$9,870.00

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred? **1/1/2024**

PO Box 899

Number   Street

As of the date you file, the claim is: Check all that apply.

Florissant, MO 63032

❑ Contingent
❑ Unliquidated
❑ Disputed

City   State   ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: CHRYSLERRETAIL**

Is the claim subject to offset?

☑ No
❑ Yes

Debtor 1	**Jonathan**	**Lee**	**Salazar**	
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
	First Name	Middle Name	Last Name	

Part 2:   Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.47

Navient
Nonpriority Creditor's Name

Attn: Claims/Bankruptcy

PO Box 9635
Number   Street

Wilkes-Barre, PA 18773-9633
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   0 0 0 2

When was the debt incurred?   9/1/2004

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Student Loans**

$0.00

4.48

Plaza Services LLC
Nonpriority Creditor's Name

500 Northwest Plaza Drive Ste. 300
Number   Street

Saint Ann, MO 63074
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   1 0 0 0

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Repo Deficiency**

$9,871.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.49

Richard Swaim

Nonpriority Creditor's Name

435 FM 2258

Number   Street

_____

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number   **0   5   2   0**

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Business Debt**

$2,339.00

4.50

Santander Consumer Usa

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 961211

Number   Street

Fort Worth, TX 76161

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number   **1   0   0   0**

When was the debt incurred?   **5/1/2019**

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Automobile**

$0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.51

Spring Oaks Capital, Llc
Nonpriority Creditor's Name

Attn: Bankruptcy

P.O. Box 1216
Number   Street

Chesapeake, VA 23327-1216
City   State   ZIP Code

Who incurred the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number   **5   9   5   4**

When was the debt incurred?   **7/23/2021**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: 12 CELTIC BANK**

$644.00

4.52

Texas Health Cleburne
Nonpriority Creditor's Name

PO Box 975613
Number   Street

Dallas, TX 75397-5613
City   State   ZIP Code

Who incurred the debt? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number   __ __ __ __

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Medical Bill**

$20,000.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)*	**25-40772-ELM-13**
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims ─ Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.53 **Texas Medicine Resources**
Nonpriority Creditor's Name

PO Box 8549
Number   Street

Ft Worth, TX 76124-0549
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify   **Medical Bill**

Total claim: $0.00

4.54 **Tim Godsey**
Nonpriority Creditor's Name

2050Fm 1807
Number   Street

Alvarado, TX 76009
City   State   ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify   **Business Debt**

Total claim: unknown

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.55 **TSI**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 15130

Number   Street

Wilmington, DE 19850-5130

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **4 6 8 4**

When was the debt incurred?   **9/1/2023**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: DISH NETWORK**

$1,280.00

4.56 **U.S. Small Business Administration**

Nonpriority Creditor's Name

SBA Disaster Loan Service Center

1545 Hawkins Blvd., Suite 202

Number   Street

El Paso, TX 79925-2652

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
☑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **2 0 0 5**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

unknown

Official Form 106E/F   **Schedule E/F: Creditors Who Have Unsecured Claims**   page **29** of **34**

Debtor 1	Jonathan	Lee	Salazar	Case number *(if known)* __25-40772-ELM-13__

Debtor 2	Stephanie	Christine	Salazar	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.57 **United Revenue Corp.**

Nonpriority Creditor's Name

Attn: Bankruptcy

204 Billings Street Ste 120

Number   Street

Arlington, TX 76010

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **7   1   9   1**   **$1,638.00**

When was the debt incurred?   **4/1/2022**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: TEXAS MEDICINE RESOURCES**

4.58 **United Revenue Corp.**

Nonpriority Creditor's Name

Attn: Bankruptcy

204 Billings Street Ste 120

Number   Street

Arlington, TX 76010

City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number   **5   4   7   2**   **$1,638.00**

When was the debt incurred?   **9/1/2021**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: TEXAS MEDICINE RESOURCES**

Debtor 1	Jonathan	Lee	Salazar		
Debtor 2	Stephanie	Christine	Salazar	Case number *(if known)*	25-40772-ELM-13
	First Name	Middle Name	Last Name		

Part 2:	Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.59 United Revenue Corp.
Nonpriority Creditor's Name

Attn: Bankruptcy

204 Billings Street Ste 120
Number   Street

Arlington, TX 76010
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number 7 1 9 2

When was the debt incurred? 4/1/2022

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: TEXAS MEDICINE RESOURCES**

$1,566.00

4.60 United Revenue Corp.
Nonpriority Creditor's Name

Attn: Bankruptcy

204 Billings Street Ste 120
Number   Street

Arlington, TX 76010
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❑ Yes

Last 4 digits of account number 5 2 6 7

When was the debt incurred? 10/1/2021

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: TEXAS MEDICINE RESOURCES**

$1,566.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
	First Name	Middle Name	Last Name	Case number *(if known)*	**25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.61

United Revenue Corp.			
Nonpriority Creditor's Name			

Attn: Bankruptcy

204 Billings Street Ste 120
Number   Street

Arlington, TX 76010
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number   **5   1   1   0**   **$1,566.00**

When was the debt incurred?   **4/1/2021**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: TEXAS MEDICINE RESOURCES**

4.62

United Revenue Corp.			
Nonpriority Creditor's Name			

Attn: Bankruptcy

204 Billings Street Ste 120
Number   Street

Arlington, TX 76010
City   State   ZIP Code

Who incurred the debt? Check one.

❑ Debtor 1 only
❑ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another
❑ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
❑ Yes

Last 4 digits of account number   **0   7   2   1**   **$502.00**

When was the debt incurred?   **1/1/2020**

As of the date you file, the claim is: Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Type of NONPRIORITY unsecured claim:
❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Original Creditor: TEXAS MEDICINE RESOURCES**

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

4.63 **Westlake Portfolio Management, LLC**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 76809

Number   Street

Los Angeles, CA 90054-0809

City   State   ZIP Code

Who incurred the debt? Check one.

❏ Debtor 1 only
❏ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
❏ At least one of the debtors and another
❏ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
❏ Yes

Last 4 digits of account number   **4   6   5   2**   **$0.00**

When was the debt incurred?   **5/1/2018**

As of the date you file, the claim is: Check all that apply.

❏ Contingent
❏ Unliquidated
❏ Disputed

Type of NONPRIORITY unsecured claim:

❏ Student loans
❏ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❏ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify **Repo Deficiency**

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

Part 4:   Add the Amounts for Each Type of Unsecured Claim

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**
   Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	**Domestic support obligations**	6a.	$0.00
	6b.	**Taxes and certain other debts you owe the government**	6b.	$0.00
	6c.	**Claims for death or personal injury while you were intoxicated**	6c.	$0.00
	6d.	**Other.** Add all other priority unsecured claims. Write that amount here.	6d. +	$3,900.00
	6e.	**Total.** Add lines 6a through 6d.	6e.	$3,900.00

				Total claim
Total claims from Part 2	6f.	**Student loans**	6f.	$0.00
	6g.	**Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$0.00
	6h.	**Debts to pension or profit-sharing plans, and other similar debts**	6h.	$0.00
	6i.	**Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i. +	$185,609.79
	6j.	**Total.** Add lines 6f through 6i.	6j.	$185,609.79

Fill in this information to identify your case:

Debtor 1	Jonathan	Lee	Salazar
	First Name	Middle Name	Last Name

Debtor 2	Stephanie	Christine	Salazar
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: __**Northern**__ District of __**Texas**__

Case number **25-40772-ELM-13**
(if known)

❑ Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

    ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    ❑ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name Number Street City State ZIP Code	
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	**Jonathan**	**Lee**	**Salazar**
	First Name	Middle Name	Last Name
Debtor 2	**Stephanie**	**Christine**	**Salazar**
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: _____**Northern**_____ District of _____**Texas**_____

Case number **25-40772-ELM-13**
(if known)

❑ Check if this is an
amended filing

Official Form 106H

Schedule H: Your Codebtors
12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
   - ☑ No
   - ❑ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
   - ❑ No. Go to line 3.
   - ☑ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
     - ❑ No
     - ☑ Yes. In which community state or territory did you live? _____**Texas**_____. Fill in the name and current address of that person.

       Salazar, Stephanie Christine
       Name of your spouse, former spouse, or legal equivalent

       600 County Rd 404
       Number   Street

       Alvarado, TX 76009
       City   State   ZIP Code

     - ☑ Yes. In which community state or territory did you live? _____**Texas**_____. Fill in the name and current address of that person.

       Salazar, Jonathan Lee
       Name of your spouse, former spouse, or legal equivalent

       600 County Rd 404
       Number   Street

       Alvarado, TX 76009
       City   State   ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt**
	Check all schedules that apply:
3.1 Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

████   Additional Page to List More Codebtors

Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt**
	Check all schedules that apply:

3.2

Name

Number   Street

City   State   ZIP Code

❏ Schedule D, line _____

❏ Schedule E/F, line _____

❏ Schedule G, line _____

Official Form 106H   **Schedule H: Codebtors**   page **2** of **2**

Fill in this information to identify your case:

Debtor 1	**Jonathan**	**Lee**	**Salazar**
	First Name	Middle Name	Last Name
Debtor 2	**Stephanie**	**Christine**	**Salazar**
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **Northern** District of **Texas**

Case number **25-40772-ELM-13**
(if known)

Check if this is:

❑ An amended filing

❑ A supplement showing postpetition chapter 13 income as of the following date:

_____
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Employment

1. **Fill in your employment information.**

   If you have more than one job, attach a separate page with information about additional employers.

   Include part-time, seasonal, or self-employed work.

   Occupation may include student or homemaker, if it applies.

		Debtor 1	**Debtor 2 or non-filing spouse**
	Employment status	☑ Employed ❑ Not employed	❑ Employed ☑ Not employed
	Occupation	**Owner**	
	Employer's name	**Texas Septic Systems/TX Septic LLC**	
	Employer's address	**600 CR 404** Number Street	Number Street
		Alvarado, TX 76009 City State ZIP Code	City State ZIP Code
	How long employed there?	_____	_____

Part 2:	Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	**For Debtor 2 or non-filing spouse**
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$3,666.67	$0.00
3.	**Estimate and list monthly overtime pay.**	3.	+ $0.00	+ $0.00
4.	**Calculate gross income.** Add line 2 + line 3.	4.	$3,666.67	$0.00

Official Form 106I   **Schedule I: Your Income**   page **1**

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

			For Debtor 1	For Debtor 2 or non-filing spouse
	Copy line 4 here.. ➜	4.	$3,666.67	$0.00
5.	**List all payroll deductions:**			
	5a. **Tax, Medicare, and Social Security deductions**	5a.	$0.00	$0.00
	5b. **Mandatory contributions for retirement plans**	5b.	$0.00	$0.00
	5c. **Voluntary contributions for retirement plans**	5c.	$0.00	$0.00
	5d. **Required repayments of retirement fund loans**	5d.	$0.00	$0.00
	5e. **Insurance**	5e.	$0.00	$0.00
	5f. **Domestic support obligations**	5f.	$0.00	$0.00
	5g. **Union dues**	5g.	$0.00	$0.00
	5h. **Other deductions.** Specify: _____	5h. +	$0.00 +	$0.00
6.	**Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$0.00	$0.00
7.	**Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$3,666.67	$0.00
8.	**List all other income regularly received:**			
	8a. **Net income from rental property and from operating a business, profession, or farm**			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$5,241.67	$0.00
	8b. **Interest and dividends**	8b.	$0.00	$0.00
	8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$0.00	$0.00
	8d. **Unemployment compensation**	8d.	$0.00	$0.00
	8e. **Social Security**	8e.	$0.00	$0.00
	8f. **Other government assistance that you regularly receive**			
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	$0.00	$0.00
	8g. **Pension or retirement income**	8g.	$0.00	$0.00
	8h. **Other monthly income.** Specify: _____	8h. +	$0.00 +	$0.00
9.	**Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	$5,241.67	$0.00
10.	**Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	$8,908.34 +	$0.00 = $8,908.34

Debtor 1	**Jonathan**	**Lee**	**Salazar**	Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
	First Name	Middle Name	Last Name	

---

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**

   Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

   Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J.*

   Specify: _____   11. **+** _____ **$0.00**

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
   Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies   12. | **$8,908.34** |

   Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**

   ☑ No.

   ☐ Yes. Explain: _____

Schedule I: Your Income

Debtor 1	Jonathan	Lee	Salazar		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

8a. Attached Statement

Texas Septic Systems

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1.	Gross Monthly Income:	**$23,083.33**

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2.	Ordinary and necessary expense	**$0.00**
3.	Net Employee Payroll (Other than debtor)	**$4,433.33**
4.	Payroll Taxes	**$0.00**
5.	Unemployment Taxes	**$0.00**
6.	Worker's Compensation	**$0.00**
7.	Other Taxes	**$0.00**
8.	Inventory Purchases (Including raw materials)	**$7,250.00**
9.	Purchase of Feed/Fertilizer/Seed/Spray	**$0.00**
10.	Rent (Other than debtor's principal residence)	**$0.00**
11.	Utilities	**$400.00**
12.	Office Expenses and Supplies	**$108.33**
13.	Repairs and Maintenance	**$0.00**
14.	Vehicle Expenses	**$1,483.33**
15.	Travel and Entertainment	**$0.00**
16.	Equipment Rental and Leases	**$500.00**
17.	Legal/Accounting/Other Professional Fees	**$0.00**
18.	Insurance	**$0.00**
19.	Employee Benefits (e.g., pension, medical, etc.)	**$0.00**
20.	Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
	TOTAL PAYMENTS TO SECURED CREDITORS	**$0.00**
21.	Other Expenses	

Salary Paid To Owner	**$3,666.67**	
TOTAL OTHER EXPENSES	**$3,666.67**	

22.	TOTAL MONTHLY EXPENSES (Add item 2 - 21)	**$17,841.66**

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23.	AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 1)	**$5,241.67**

Official Form 106I   **Schedule I: Your Income**   page **4**

Fill in this information to identify your case:

Debtor 1	**Jonathan**	**Lee**	**Salazar**	
	First Name	Middle Name	Last Name	
Debtor 2	**Stephanie**	**Christine**	**Salazar**	
(Spouse, if filing)	First Name	Middle Name	Last Name	

United States Bankruptcy Court for the: **Northern District of Texas**

Case number **25-40772-ELM-13**
(if known)

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 expenses as of the following date:

_____
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

   ☐ No. Go to line 2.

   ☑ Yes. **Does Debtor 2 live in a separate household?**

   ☑ No

   ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2.*

2. **Do you have dependents?**

   Do not list Debtor 1 and Debtor 2.

   Do not state the dependents' names.

   ☐ No

   ☑ Yes. Fill out this information for each dependent..............

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Child	**18 Yrs**	☐ No. ☑ Yes.
Child	**15 Yrs**	☐ No. ☑ Yes.
Child	**8 Yrs**	☐ No. ☑ Yes.
		☐ No. ☐ Yes.
		☐ No. ☐ Yes.

3. **Do your expenses include expenses of people other than yourself and your dependents?**

   ☑ No

   ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J,* check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	**$0.00**
If not included in line 4:		
4a. Real estate taxes	4a.	**$0.00**
4b. Property, homeowner's, or renter's insurance	4b.	**$0.00**
4c. Home maintenance, repair, and upkeep expenses	4c.	**$300.00**
4d. Homeowner's association or condominium dues	4d.	**$0.00**

Debtor 1	**Jonathan**	**Lee**	**Salazar**	
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)* __25-40772-ELM-13__
	First Name	Middle Name	Last Name	

			Your expenses
5.	**Additional mortgage payments for your residence,** such as home equity loans	5.	$0.00
6.	**Utilities:**		
	6a. Electricity, heat, natural gas	6a.	$600.00
	6b. Water, sewer, garbage collection	6b.	$150.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$0.00
	6d. Other. Specify: **TV/Internet/Cell**	6d.	$300.00
7.	**Food and housekeeping supplies**	7.	$1,500.00
8.	**Childcare and children's education costs**	8.	$200.00
9.	**Clothing, laundry, and dry cleaning**	9.	$300.00
10.	**Personal care products and services**	10.	$200.00
11.	**Medical and dental expenses**	11.	$100.00
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$485.00
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$300.00
14.	**Charitable contributions and religious donations**	14.	$0.00
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	$0.00
	15b. Health insurance	15b.	$0.00
	15c. Vehicle insurance	15c.	$500.00
	15d. Other insurance. Specify:	15d.	$0.00
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$0.00
17.	**Installment or lease payments:**		
	17a. Car payments for Vehicle 1 **2007 Ford F550**	17a.	$484.00
	17b. Car payments for Vehicle 2	17b.	$0.00
	17c. Other. Specify: **2019 Catepillar 416F2 Backhoe**	17c.	$1,426.68
	17d. Other. Specify:	17d.	$0.00
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5,** *Schedule I, Your Income* **(Official Form 106I).**	18.	$0.00
19.	**Other payments you make to support others who do not live with you.** Specify:	19.	$0.00
20.	**Other real property expenses not included in lines 4 or 5 of this form or on** *Schedule I: Your Income.*		
	20a. Mortgages on other property	20a.	$0.00
	20b. Real estate taxes	20b.	$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	$0.00
	20e. Homeowner's association or condominium dues	20e.	$0.00

Debtor 1	**Jonathan**	**Lee**	**Salazar**		
Debtor 2	**Stephanie**	**Christine**	**Salazar**	Case number *(if known)*	**25-40772-ELM-13**
	First Name	Middle Name	Last Name		

---

21. **Other.** Specify: **Pet expenses (Food and Vet)**   21. **+**   **$150.00**

22. **Calculate your monthly expenses.**

    22a. Add lines 4 through 21.   22a. **$6,995.68**

    22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   22b. **$0.00**

    22c. Add line 22a and 22b. The result is your monthly expenses.   22c. **$6,995.68**

23. **Calculate your monthly net income.**

    23a. Copy line 12 (your combined monthly income) from *Schedule I*.   23a. **$8,908.34**

    23b. Copy your monthly expenses from line 22c above.   23b. **–**   **$6,995.68**

    23c. Subtract your monthly expenses from your monthly income.
        The result is your *monthly net income.*   23c. **$1,912.66**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No.

☐ Yes.

Debtor 1 **Jonathan** **Lee** **Salazar**
Debtor 2 **Stephanie** **Christine** **Salazar**

First Name | Middle Name | Last Name

Case number *(if known)* **25-40772-ELM-13**

	Amount
12. Transportation: gas, maintenance, bus or train fare	
Fuel	$300.00
Repairs, Maintenance & Tires	$185.00

Fill in this information to identify your case:

Debtor 1	**Jonathan**	**Lee**	**Salazar**
	First Name	Middle Name	Last Name
Debtor 2	**Stephanie**	**Christine**	**Salazar**
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **Northern District of Texas**

Case number **25-40772-ELM-13**
(if known)

❑ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. ***Schedule A/B: Property*** (Official Form 106A/B)

   1a. Copy line 55, Total real estate, from *Schedule A/B*... **$169,202.00**

   1b. Copy line 62, Total personal property, from *Schedule A/B*.. **$152,560.00**

   1c. Copy line 63, Total of all property on *Schedule A/B*.. **$321,762.00**

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

   2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*....... **$208,798.78**

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

   3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..................................... **$3,900.00**

   3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*................................ **+ $185,609.79**

   Your total liabilities **$398,308.57**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

   Copy your combined monthly income from line 12 of *Schedule I*... **$8,908.34**

5. *Schedule J: Your Expenses* (Official Form 106J)

   Copy your monthly expenses from line 22c of *Schedule J*... **$6,995.68**

Debtor 1	**Jonathan**	**Lee**	**Salazar**		Case number *(if known)* **25-40772-ELM-13**
Debtor 2	**Stephanie**	**Christine**	**Salazar**		
	First Name	Middle Name	Last Name		

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

   ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

   ☑ Yes

7. **What kind of debt do you have?**

   ☑ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

   ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

   $8,908.34

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	**$0.00**
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	**$0.00**
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	**$0.00**
9d. Student loans. (Copy line 6f.)	**$0.00**
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	**$0.00**
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	**+** **$0.00**
9g. **Total**. Add lines 9a through 9f.	**$0.00**

Fill in this information to identify your case:

Debtor 1	**Jonathan**	**Lee**	**Salazar**
	First Name	Middle Name	Last Name
Debtor 2	**Stephanie**	**Christine**	**Salazar**
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **Northern District of Texas**

Case number   **25-40772-ELM-13**
(if known)

❑ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☑ No

❑ Yes. Name of person _____. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).*

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Jonathan Lee Salazar**

Jonathan Lee Salazar, Debtor 1

Date **03/17/2025**
    MM/ DD/ YYYY

X **/s/ Stephanie Christine Salazar**

Stephanie Christine Salazar, Debtor 2

Date **03/17/2025**
    MM/ DD/ YYYY